



STATE OF DELAWARE
DIVISION OF MOTOR VEHICLES
P.O. BOX 698, DOVER, DE 19903
WWW.DMV.DE.GOV

APPLICATION FOR:

- ☐ CORRECTED TITLE
☐ DUPLICATE TITLE
☐ WEIGHT CHANGE

ORIGINAL CERTIFICATE OF TITLE MUST ACCOMPANY APPLICATION FOR CORRECTED TITLE. **ODOMETER DISCLOSURE INFORMATION MUST BE COMPLETED.**

Delaware Tag Number _____ New Number _____ Last Expiration Date of Tag Number _____

I certify to the best of knowledge that the **ODOMETER READING** is the **ACTUAL MILEAGE** of the vehicle unless one of the following statements is checked:

ODOMETER READING ----- MILES (NO TENTHS)

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- [] 1. The mileage stated is in excess of its mechanical limits.
(Mileage exceeds 99,999 miles)
[] 2. The odometer reading is not the actual mileage. -----

WARNING ----- ODOMETER DISCREPANCY

Failure to complete ODOMETER STATEMENT or providing a FALSE STATEMENT may result in fines and/or imprisonment. I/We certify, under penalty of perjury, that the statements made herein are true and correct to the best of my/our knowledge, information and belief.

Make: _____ Year: _____ Body Style: _____ VIN Number: _____

Registered Weight: From _____ To _____ Fee: _____

Change of VIN: From _____ To _____

Signature of Inspector Authorizing Change of Serial Number: _____

Change of Mileage: From _____ To _____

Change of Name: From _____ To _____

Duplicate Title: \$15.00

Corrected No Lien: \$15.00
LIEN OR ENCUMBRANCES

Corrected With Lien: \$25.00

SECURED PARTY NAME (Lienholder) –AND ADDRESS (If None, State So)

Name (s): _____

Street: _____

City: _____ State: _____ Zip Code: _____

I (we) certify, under penalty of perjury, that the title to this vehicle is lost or destroyed. In the event the title is located, it shall be returned to the Division immediately.

X _____ Dri. Lic. No _____ X _____ Dri. Lic. No _____
Signature of Owner Signature of Co-Owner

X _____ Dri. Lic. No _____
SIGNATURE OF INDIVIDUAL OTHER THAN OWNER REQUESTING DUPLICATE.

DO NOT FILL IN BOTH BLOCKS

COMPLETE THIS BLOCK ONLY IF LIEN IS SATISFIED.

Date of Release

Lienholder

Authorized Representative

COMPLETE THIS BLOCK ONLY IF LIEN IS TO BE RE-ENTERED.

This is our written consent for the Motor Vehicle Director to issue a duplicate title in the above applicant's name.

Lienholder

Signature

Position

